Case 1:02-cv-00467-SSB-TSH Document 118-5 Filed 07/12/2007 Page 1/0f/22

Form 1040	U.S.	Individual Incom	ie Tax Re	turn 20	01	(99) IRS use	only — fi	a not write	or staple in this space.
		Jan 1 - Dec 31, 2001, or other tax			ending	. 20	1		AB No. 1545-0074
Label	Your First Na			Name	·				I Security Number
(See instructions.)	Frederi	ick	Ha	rris					
Use the	If a Joint Retu	um, Spouse's First Name		Name	····			Spouse's S	Social Security Number
IRS label.	Mary		L Ha	rris			1		
Otherwise, please print	Home Address	is (number and street). If You Hay	re a P.O. Box, See	Instructions.		Apartment	No.	A	mportant!
or type.	11716 E	lkwood Drive					1		st enter your social
{	City, Town or	Post Office. If You Have a Foreig	ın Address, See In	structions.	Sta	te ZIP Code		security	number(s) above.
Presidential Election	Cincinn	iat i			Ot	H 45240-2	002		
Campaign	Nota: C	Checking 'Yes' will not cha	and varie toy	A P P A D			You	 l	Spouse
(See instructions.)	Do you	, or your spouse if filing a	i joint return, v	want \$3 to go to t	itina. this fund?		Yes	X No	Yes X No
cu	1	Single						17.1 7.1	73,73
Filing Status	2 X	Married filing joint return	(even if only	one had income)					
	3	Married filing separate re				ame here	-		
Check only	4	Head of household (with						a child b	out not vour
one box.		dependent, enter this chi			,	. , 3,		_ *	, — 11.0 t j t u.
	5	Qualifying widow(er) with	dependent cl	hild (year spouse	died >). (S	ee instri	etions.)	
F	6a X	Yourself, if your parent (or someone e	lse) can claim vo	ou as a de	pendent on his	Δľ		of boxes
Exemptions		her tax return, do not ch	eck box 6a					che	cked on 2
	ь 🗓	Spouse				***********	~	No.	of your
		pendents;		(2) Dependent	s (3)	Dependent's	(4)		dren on
	- 50,	************		social security	/	elationship to you	qualify child for	rhild 🕶 👫	
	(1)	First name	Last name	ricarise		to you	tax cr (see in	edit with	уош
								live	Hd not with you
If more than								07 2	to divorce eparation
six dependents,			·····						insts)
see instructions.								08 6	endents ic set
								}	ered above
	d Tota	al number of exemptions	claimed	<u> </u>					numbers red on
	7 Wa	ges, salaries, tips, etc. At	tach Form(s)	W-2		· · · · · · · · · · · · · · · · · · ·	 	7	20,802.
Income	8a Tax	cable interest. Attach Sche	edule B if reau	ired			1	8a	12.
Attach Forms W-2 and W-2G	b Tax	c-exempt interest. Do not	include on line	s 8a	. 8b		Ī		
here. Also attach	9 Ord	linary dividends. Attach Si	chedule B if re	equired				9	
Form(s) 1099-R if tax was withheld.		cable refunds, credits, or o						10	
Digitalisis cam ass	11 Alin	nony received						11	
If you did not	12 Bus	siness income or (loss). A	Mach Schedul	e CorCEZ				12	
get a W-2, see instructions.		ital gain or (loss). Attach Schedu ier gains or (losses). Attac					-	13	
		al IRA distributions	15a	•		amount (see ins		14 15b	
		al pensions & annuities .				amount (see ins		16b	13,788.
		ntal real estate, royalties,		S corporations, t	rusts, etc.	Attach Schedu	le F	17	13,100.
Enclose, but do	18 Fan	m income or (loss). Attacl	h Schedule F					18	
not attach, any payment. Aiso,	19 Une	employment compensation	, ,					19	
please use		al security benefits	20 a	Ь	Taxable a	amount (see ins	trs) .	20 b	
Form 1040-V.	21 Othe	r income If the amounts in the far ri				~	[21	
	22 Add	the amounts in the far ri	ght column for	r lines 7 through	21. This is	your total inco	me 🟲	22	34,602.
Adjusted		deduction (see instruction					f		
Gross		dent loan interest deduction her MSA deduction. Attac						inger Sept	
Income		ving expenses. Attach For							
ZEIDI 3		-half of self-employment						nn	AITIDES
NAME:		f-employed health insuran						JUU	NFIDENTIA
HAMIS		f-employed SEP, SIMPLE							11/
10.5.01	30 Pen	nalty on early withdrawal o	of savings						
hus	31 a Alim	ony paid b Recipient's SSN			31 a				
	32 Add	lines 23 through 31a		• • • • • • • • • • • • • • • • • • • •				32	
DAA CDi.	33 Sub	otract line 32 from line 22.	This is your a	djusted gross in	come		🟲	33	34,602.

Form 1040 (2001)	02-cy-00467-SSB-TSH Harrisument 1	18-5 Fil	led 07/12/2007	7 Page	2 of 22
Tax and Credits	8.5	Spouse wa	is 65/older, 🔲 Blin	1 1 1	34,602.
Standard Deduction for —	b If you are married filing separately and your spo or you were a dual-status alien, see instructions	use itemizes de	ductions,	5b	
People who checked any box on line 35a or	35 Itemized deductions (from Schedule A) or your standard de 37 Subtract line 36 from line 34	duction (see left ma		36	10,459. 24,143.
35b or who can be claimed as a dependent, see instructions.	 38 If line 34 is \$99,725 or less, multiply \$2,900 by to on line 6d. If line 34 is over \$99,725, see the wo 39 Taxable Income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0. 		of exemptions claim astructions	ļ	5,800. 18,343.
• All others:	40 Tax (see instrs). Check if any tax is from a Form(s) 881	1 4 b Form 497	2	40	2,749.
Single: \$4,550	41 Alternative minimum tax (see instructions). Attac 42 Add lines 40 and 41	ch Form 6251 .		41 ► 42	2 740
Head of	43 Foreign tax credit. Attach Form 1116 if required	1.	43	···· 42	2,749.
household,	44 Credit for child and dependent care expenses. Attach Form 24				
\$6,650	45 Credit for the elderly or the disabled. Attach Sch	edule R	45		
Married filing jointly or	46 Education credits, Attach Form 8863		46		
Qualifying	47 Rate reduction credit. See the worksheet	· · · · · · · · -	47		
widow(er), \$7,600	48 Child tax credit (see instructions)	1 —	~~~		
Married filing	49 Adoption credit. Attach Form 8839 50 Other credits from a Form 3800 b Form 8396		49		
separately.			50		
\$3,800	51 Add lines 43 through 50. These are your total credits		~~·~ ` ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	51	
	52 Subtract line 51 from line 42. If line 51 is more to	nan line 42, ente	er -0	► 52	2,749.
~					
Other Taxes	54 Social security and Medicare tax on tip income not reported to				
1 axcs	55 Tax on qualified plans, including IRAs, and other tax-favored56 Advance earned income credit payments from F				
	57 Household employment taxes. Attach Schedule				
	58 Add lines 52-57. This is your total tax				2,749.
Payments	59 Federal income tax withheld from Forms W-2 an	d 1099	59 2,	140.	
If you have a	60 2001 estimated tax payments and amount applied from 2000)			
qualifying child, attach	61 a Earned income credit (EIC) b Nontaxable earned income 61 b		61a		
Schedule EIC.	62 Excess social security and RRTA tax withheld (s	ee instrs)	62		
	63 Additional child tax credit. Attach Form 8812		63		
	64 Amount paid with request for extension to file (see instruction	<u></u>	64		
	65 Other payments. Check if from a Form	2439			
	b Form 4136	· · · · · · · · · · · · · · · · · · ·	65		
FDIA0112 12/10/01	66 Add lines 59, 60, 61a, and 62 through 65. These total payments	<u> </u>	· · · · · · · · · · · · · · · · · · ·	► 66	2,140.
Refund	67 If line 66 is more than line 58, subtract tine 58 from line 66.	This is the amount y	ou overpaid	67	
Direct deposit? See instructions	68a Amount of line 67 you want refunded to you		Obs. 1	► 68a	
and fill in 68b,	➤ b Routing number	► c Type:	Checking Sa	ivings	
68c, and 68d.	69 Amount of line 67 you want applied to your 2007 estimated t	ax 📂	69		
Amount	70 Amount you owe. Subtract line 66 from line 58. For details o			70	609.
You Owe	71 Estimated tax penalty. Also include on line 70		71		
Third Party Designee	Do you want to allow another person to discuss this return with the II Designos's Name)? Yes.	Complete the	Identification
Sign	Under penalties of perjury, I declare that I have examined this return a belief, they are true, correct, and complete. Declaration of preparer (of	nd accompanying sch	hedules and statements, ar	ed to the best of m	y knowledge stud
Here	Your Signature		our Occupation		na Phone Namber
Joint return? See instructions.	>	[]	lousekeeping		
Keep a copy for your records.	Spouse's Signature. If a Joint Return, Both Must Sign.	Date S	pouse's Occupation elemarketing	11 :	
	Cranarata A	Date	=		rer's SSN or PTIN
Paid	Preparer's Signature		Check if self-employ	ed	
Preparer's	Firm's Name Self-Prepared				
Use Only	salf-employed) Address, and	· · · · · · · · · · · · · · · · · · ·		EIN Diaman	
	ZIP Code			Phone No.	<u> </u>

CONFIDENTIAL

Form 1040 (2001)

Case 1:02-cv-00467-SSB-TSH

Document 118-5 I Itemized Deductions

Filed 07/12/2007

Department of the Treasury Internal Revenue Service (99) Name(s) Shown on Form 1040

(Form 1040)

➤ Attach to Form 1040.
➤ See Instructions for Schedule A (Form 1040).

Francis or delication (0.117	Anne I Hamiin		1001	Social Security (r iditmet
	Ex I	Mary L Harris	[m2]&1	12	F	<u> </u>
Medical and	1	Caution. Do not include expenses reimbursed or paid by others.			\$	
Dental	1	Medical and dental expenses (see instructions)	1	·	-	
Expenses	2	Enter amount from Form 1040, fine 34	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	. 1 3 1		-	
T V	_ 	State and local income taxes	5	656.		
Taxes You Paid	_	•			-1 2.30	
	5	Real estate taxes (see instructions)		1,803.		
(See	7	Personal property taxes			-	
instructions.)	8	Other taxes. List type and amount ▶				
			8		1 1	2.450
	9	Add lines 5 through 8		2.40	9	2,459.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	. 10	6 <u>,240</u> .	-	
(02) 416	11	Home mortgage interest not reported to you on Form 1098. If paid to the person				
		from whom you bought the home, see instructions and show that person's name,				
		identifying number, and address 🟲			8	
(See Instructions.)			- 			
#155 de (101 5). /			- 1997			
			41			
Note. Personal	12	Points not reported to you on Form 1098. See instrs for spc1 rules	12		-	
interest is		Investment interest, Attach Form 4952 if required.	16-		- [-[-]	
not deductible.	15	(See instrs.)	13			
dedbellere.	14	Add lines 10 through 13			14	6,240.
Gifts to			§\$			
Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		1,760.	1 miles	•
-		See instructions		1,100.	4	
If you made	15	Other than by cash or check. If any gift of \$250 or				
a gift and qot a benefit		more, see instructions. You must attach Form 8283 if	-			
for it, see	4 7	over \$500			-1254	
instructions.		Carryover from prior year	·	 -		1 760
	18	Add lines 15 through 17			18	1,760.
Casualty and Theft Losses		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	 163.31		19	
Job Expenses and Most	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ			15.4	
Other		if required. (See instructions.)			1 1	
Miscellaneous Deductions		r required. (See instructions.)	- 1		Talls.	
Deapeachs			- <u>Maria</u>			\subseteq
			20		_	\leq
	21	Tax preparation fees	21		_	
(See	22	Other expenses – investment, safe deposit box, etc. List			K. 4.4	
instructions for expenses		type and amount				皿
to deduct			- 22		- i	Z
here.)	23	Add lines 20 through 22	23			FIDENTIAL
	24	Enter amount from Form 1040, line 34 24			ļ.,	5
	25	Multiply line 24 above by 2% (.02)	25	<u> -,- ,-</u>	_	
	26	Subtract line 25 from line 23. If line 25 is more than line 23, ente	r ·0		. 26	
Other	27	Other - from list in the instructions. List type and amount >			_	
Miscellaneous					_	
Deductions					27	
Total	28	is Form 1040, line 34, over \$132,950 (over \$66,475 if MFS)?	 			
Itemized Deductions						
		X No. Your deduction is not limited. Add the amts in the far r	ight col	\neg		
		for lines 4 through 27. Also, enter this amt on Form 10			28	10,459.
		Yes. Your deduction may be limited. See instructions for the	amount to enter.	¹		

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Name Mary L Harris		Social Security Number
Check if for spouse a Control number 003910DEQ b Employer's ID number 31-0961669 c Employer's name, address, and ZIP code RDI MARKETING SERVICES, INC. Street 9920 CARVER ROAD City CINCINNATI State OH ZIP Code 45242-5520 Check box if foreign address (see Help) Check box to transfer items d and e below from Federal Information Worksheet d Employee's social security number e Employee's name, address, and ZIP code First Mary M.1. Last Harris	1 Wages, tips, other compensation 17,913.10 3 Social security wages 18,658.98 5 Medicare wages and tips 18,658.98 7 Social security tips 9 Advance EIC payment 11 Nonqualified plans Code	
1	Third-party sick pay 14 If you have entries in box 14 select Help before making an code is: amount attributable to RRTA Tier 2	, click ► HERE then hy entries for box 14.
P: Double	amount attributable to RRTA Tier 2 click to link to Form 3903, line 4 MSA contribution for Taxpayer Spouse	
Box 15 State Employer's state I,D. no. 0H 51-5505832	Box 16 State wages, tips, etc. 17,913.10	Box 17 State income tax 415.30
	Box 18 Box vages, tips, etc. 18,658.98	72200,5104
Box 14 Description Amount	Type TurboTax description of T	ype

_		
C	_)
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=	7	•
=	Ť	1
5	Ξ	5
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-	_	_
-	-	<u> </u>
	C	>
Ī		-

Check if for spouse Control number 283409298 Employer's ID number 31-1104271 Employer's name, address, and ZIP code CROSS COUNTRY INNS, INC. Street 6077 FRANTZ ROAD, SUITE 203	3	Social security	889.01 wages 889.01		Federal income tax withheld 4 . 41
Control number 283409298 Employer's ID number 31-1104271 Employer's name, address, and ZIP code CROSS COUNTRY INNS, INC. Street 6077 FRANTZ ROAD, SUITE 203	3	compensation 2, Social security 2,	889.01 wages 889.01		tax withheld
City DUBLIN State OH ZIP Code 43017 Check box if foreign address (see Help) meck box to transfer items d and e below com Federal Information Worksheet Employee's social security number Employee's name, address, and ZIP code First Frederick M.I. Last Harris Street 11716 Elkwood Drive City Forest Park State OH ZIP Code 45240 Check box if foreign address (see Help)	9 11 12 13	2, Social security Advance EIC particle plate of the code of the	889.01 tips 0.00 eyment 0.00 ans elow oyee 1 pay	6 8 10	Social security tax withhe 179.13 Medicare tax withheld 41.89 Allocated tips Dependent care benefits Distributions from sect. 45 and nonqualified plans (Important, see Help)
Box 12	amoui amoui e click	nt attributable to nt attributable to to link to Form contribution for Box State wages	RRTA Tier 2 3903, line 4 faxpayer Spouse	tax.	
l			2,889.01		25.78

	Box 14	Description	Amount	Type	TurboTax description of Type
				<u></u>	
i				<u> </u>	
į				—	

Local wages, tips, etc.

2,889.01

Locality name

Local income tax

State

<u>OH</u>

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100	7 8	, TO,

Name Frede	erick Harris		Social Security Number
Check	if for spouse See below for add	litional distribution information	Corrected
	name, street address, city, state, and ZIP code.	1 Gross distribution	\$ 13,788.00
Offic Retir	's address is outside the U.S., check this box te of Personnel Management ement Programs		(alp) \$ 13,788.00
PO Bo Boyer		2b Taxable amount not determined	Total distribution
	Federal Recipient's identification number 83699	3 Capital gain (included in box 2a)	Federal income tax withheld 5 665.00
from Fe Recipier	o transfer Recipient's Information deral Information Worksheet nt's name rick Harris	5 Employee contributions or insurance premiums	6 Net unrealized appreciation in employer's securities
	ddress ng apartment number) Elkwood Drive	7 Distribn Code(s) IRA/SI a 2 SIMP b	
City Cinci If recipie	State ZIP code nnat i OH 45240-200 ent's address is outside the U. S., check box	ור	9 b Total employee contributions
Account	number (optional)	withheld State /	Payer's 12 State state no. distribution \$
a tra a Ro	bution from IRA or ESA, check if from editional, SEP, or SIMPLE IRA.	7 .	ame of 15 Local distribution \$ \$
Qualifie	ed Retirement Plans, IRAs, ESAs, Annuity	and Modified Endowment Cor	ntracts (See Help)
16 17 18	IMPORTANT: Roth conversions are not lines D and E of Additional Check box if the entire amount of this dist If a partial rollover, enter amount that was Check box if this is an early distribution s traditional IRA, annuity or modified endoy Do not include distributions from Roth IRA.	I Distribution Information page ribution was rolled over (except rolled over (except Roth converblect to the penalty from a querent contract, but there is no	t Roth conversions)
19 20	Check hox if this is an early distribution so code J in box 7. (See Help)	ubject to the penalty from a Ro	oth IRA, but there is
21	Check box if this is an early distribution s years, but there is no code S in box 7. (So Check box if this is the withdrawal before or Coverdell ESA, or a corrective distribution aggregate contribution taxable in 2001, but	ee Help) ax return due date of a contrib on of an excess deferral, excest t there is no code 8 in box 7. (ution to a traditional, Roth, ss contribution, or excess
22 23	Check box if there is a code P or R in box If an IRA, was IRA inherited, or if an ESA	7 and this is a year 2002 Forn , was ESA transferred (<i>see He</i>	n 1099-R. <i>(See Help)</i>

Case 1:02-cv-00467-SSB-TSH Document 118-5 Filed 07/12/2007 Page 7 of 22 IT-1040 Ohio Income Tax Return 2001

F	or the year Jan 1 - Dec 31, 2001 or other taxable year ending		Social security number(s) must be o	entered below
P	our First Name Initial Last Name		Your Social Security Number	Filing Sta	tus – check only one
FS	rederick Harris			Single	or Head of Household
Α ' Τ	a Joint Return, Spouse's First Name Initial Last Name		Spouse's Social Security No.	1 -	d filing joint return
S PE	Mary L Harris			(d filing separately,
		Apt Number	Ohio County	enter s	spouse's SSN
١	1716 Elkwood Drive		Hami		
	City, Town or Post Office State ZIP Code			A-3-6	
O E R	Cincinnati OH 45240-2002		Ohio Public School Dis Number (See pages 33		3105
Ř	Ohio Residency Status (see instructions): Part-year res	idont	Ohio Political Party Fun	' <u>'</u>	Yes No
유법	X Resident From	01	Do you want \$1 to go to		
CHECK	Nonresident To	01	If joint return, does your spous		
ĸ	(state of residence)	01	Note: Checking 'Yes' will not in		· · · · · · · · · · · · · · · · · · ·
Inco	\$71.0	 	react oncoming to and not in	icrosso jous u	ax or decrease jour remine.
7	Federal adjusted gross income (from federal Form 1040, line 33; or 1040A, line 19; or 104	IOEZ. line 4: or	1040-TEL)	1	34,602.
2	Ohio adjustments (from line 45 on page 2 of this return)				
3	Ohio adjusted gross income (line 2 subtracted from or added to line 1				34,602.
4	Multiply your personal and dependent exemptions2 times \$				2,300.
5	Ohio taxable income (subtract line 4 from line 3)			5	32,302.
	and Credits				
1 _	Tax on line 5 (see tax tables, pages 26-32)				994.
7	Credits from Schedule B (line 54 on page 2 of this return)				200.
8 9	Ohio tax less Schedule B credits (Subtract line 7 from line 6. If line 7				794.
10	Exemption Credit: Number of personal and dependent exemptions Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is				40. 754.
11	Joint Filing Credit (see instructions and attach documentation) 15 % times				113.
12	Ohio tax less Joint Filing Credit (subtract line 11 from line 10)				641.
13	Resident/Nonresident/Part-Year Credits (Schedules C or D) and Nonrefundable Business			P	041.
14	Ohio income tax (Subtract line 13 from line 12. If line 13 is more than				641.
15	Interest penalty on underpayment of estimated tax. Check from IT-2210 is attach	ned	15		
16	Unpaid Ohio use Tax (please see worksheet on page 24) The amount you show your total income tax	on this line is	part of 16		
17				17	641.
Pay	ments				
18	Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) An			441.	
19			19		
20	Refundable Business Jobs Refundable Pass-through Entity		of 20a		
	Credit 20a Credits 20b		20		
	Add lines 18, 19, and 20	Total Payme	ents > 21	441.	
1	und or Amount You Owe			ļ	
22	If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable				
	Check here . If you have paid or will pay with a credit card (see in	-	Amount You Ow	e - 22	200.
	If line 21 is greater than line 17, subtract line 17 from line 21		Amount Overpa	d ► 23	
24	Amount of tine 23 you wish to donate for nature preserves, scenic rivers, and endangere		[İ	İ
	\$3 \$5 \$10 Other Check box and enter amoun		24		
25		=			
i	\$3 \$5 \$10 Other Check box and enter amoun				
26	Amount of line 23 to be credited to 2002 estimated tax trability				
27	Amount of line 23 to be refunded (subtract amounts on lines 24, 25, and 26 from line 23	 		d ► 27	
	e balance due is less than \$1.01 payment need not be made, and if the overpayment is e read this return. Under penalties of perjury, I declare that to the best of my knowledge and			ļ	OHIA0512 01/14/02
	Your Signature Date	<u> </u>	TONE	Trans.	*: 'I A I
۵.		4		JEN	HAL
Sig		-			
	>		For Departn	rental Lico	Only
	Preparer's Signature and address (including ZIP code) Preparer's Phone Number		, or Departer		y
}				18a	į (j
Ì	Preparer's Address (including ZIP code)		No Daymont Factored		
1	Self-Prepared		No Payment Enclosed — Mail to:	Pa	yment Enclosed — Mail to:
İ		0+	nio Department of Taxation	ı Onio D	epartment of Taxation
			P.O. Box 2679 Numbus Obio 43270,2679	Colum	P.O. Box 2057

	hedule A - Adjustments to income (additions and deductions)				
Addi	tions - Add to the extent not included in federal adjusted gross income (line 1)				
28	Add non-Ohio state or local government interest and dividends	28 •			
29	Add pass-tillough entity addback	29 🕶			
30	Add income from an electing small business trust (ESBT - see instructions)	30 ●			
31	Other, check if from:				
a	Federal interest and dividends subject to state taxation				
b	Accumulation distributions from a complex trust				
E	Losses from sale or disposition of Ohio Public Obligations				
đ	Tanal "				
9	Reimbursements previously deducted but not included in federal adjusted gross income				
f	Non-educational expentitures from college savings account NEW!			 1	
	10(2)	31 •			
32	Total additions (add lines 20, 23, 50, and 51)	32 *	<u> </u>		
	uctions - See limitations in instructions	33 o	<u></u>	I	
33	Deduct federal interest and dividends exempt from state taxation Deduct compensation earned in Ohio by full-year residents of neighboring states	34 •	 		
34	Deduct state or municipal income tax overpayments (see instructions)	35 •	-		
35 36	Deduct disability and survivorship benefits (does not include pension continuations)	36 *	-		
37	Deduct qualifying social security benefits and some railroad benefits	37 e			
38	Deduct contributions to a variable college savings account and/or purchase of tuition credits	38 •	` <u></u>		
39	Deduct tuition expenses paid to a qualified Ohio educational institution NEVV:	39 •	'L		
40	Deduct unsubsidized health insurance/long term care insurance and excess medical expenses (see worksheet)	4() e	'		
41	Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)	47 •	<u>'</u>		
42	Deduct losses from an electing small business trust (ESBT – see instructions)	42 •	'	¹	
43	Other. Check it:				
3	Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits	115	10-	19-1	
Z	Interest many team Ohio Dublic Obligations and Ohio Purchase Obligations or gains from the sale of	111			
ž	Interest income from Ohio Public Obligations and Ohio Purchase Obligations or gains from the sale or disposition of Ohio Public Obligations.	Vr	·IDFL	IIIII	
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Election	CTIAL	INNATI				OH 45240				
Campaign (See instructions.)	No	te: Checking 'Yes' will not cha	nge your tax	or reduce your	refund.		_ You ∃∵	X	Spou	
1		you, or your spouse if filing a	joint return,	want ≱3 to go			Yes			
Filing Status	1	Single		>	_ ∐ ne	ead of household (wi structions.) If the qua	ın quair Hifvina	rying nersa	person). (Second is a child	е
,	2	Married filing jointly (even if on	=	•	bu	it not your dependen	t, enter	this	child's	
Check only	3	X Married filing separately. Enter				ame here				
one box.		name here ► FREDERI	CK HAKKI	<u>S</u> 5		ualifying widow(er) w				
		571				oouse died >		<u>. (51</u>	ee instruction:	5.)
Exemptions	6a	Yourself. If your parent (her tax return, do not che	or someone (else) can claim	you as	a dependent on his o){		No. of boxes checked on	
								Π	6a and 6b . ,	1
	b	Spouse	· <u></u>					_' 	No. of children	
	C	: Dependents:		(2) Depende		(3) Dependent's relationship	(4) ¥ qualify child for		on 6c who:	
				number		to you	i tax cri	edit	with you	
		(1) First name	Last name	 			(see in	strs)	. did not	
				 				L	live with you due to divorce	
**				ļ <u>.</u>		 		<u>L_</u>	or separation (see instrs)	
If more than five dependents,								<u> </u>	Dependents	
see instructions.						·	L_	<u> </u>	on 6c not entered above .	
							l. r	1	Add numbers	
	17	Total number of exemptions	claimed						on lines	1
Imaama		Wages, salaries, tips, etc. At						7	2	2,091.
Income		i Taxable interest. Attach Sche						8a	,	8.
Attach Forms W-2 and W-2G		Tax-exempt interest. Do not						9		
here. Also attach	l	9 Ordinary dividends. Attach Schedule B if required								
Form(s) 1099-R if tax was withheld		· · · · · · · · · · · · · · · · · · ·								
WAS THE STREET	12									
If you did not get a W-2, see	13						-	12 13		
instructions.	14	Other gains or (losses). Attac						14		
		IRA distributions	4 1		•	ible amount (see ins	- t-	15b		
	16 a	Pensions and annuities	16a		b Taxa	ible amount (see ins	rs)	16b		1,503.
	17	Rental real estate, royalties,						17		
Enclose, but do		Farm income or (loss). Attac					_	18		
not attach, any payment. Also,		Unemployment compensation						19		
please use		Social security benefits	20a		b Taxa	ible amount (see ins		20 b		
Form 1040-V.	21					hin in constant to the		21	3	2 (02
	22						ne -	22		3,602.
Adjusted	24	Educator expenses (see instruction (see instruction)								
Gross	25	Student loan interest deducti								0
l/r:come	26	Tuition and fees deduction (s								2
		Archer MSA deduction. Attac		•	· · · · · · 	7				CONFIDENTIAL
	28				}	8				一
	29	One-half of self-employment				9				$\widetilde{\Box}$
	30	Self-employed health insurar	ce deduction	(see instruction	ns) . 3	80				2
		Self-employed SEP, SIMPLE		-		1				—
•		Penalty on early withdrawal of				2				=
		Alimony paid b Recipient's SSN								_
		Add lines 23 through 33a						34		3 603
	33	Subtract line 34 from line 22.	THIS IS YOU!	adjusted dross	s mcome		▶	35	. ,	3.602.

Form 1040 (2002)	MARY L HARRIS				Page 2
Tax and	36 Amount from line 35 (adjusted gross income)			36	23,602.
Credits	37a Check if: You were 65/older, Blind; [d. 🧱	
Charles	Add the number of boxes checked above and enter				
Standard Deduction	b If you are married filing separately and your spous or you were a dual-status alien, see instructions a	se itemizes dedu	ıctions,	ar 101	
for	38 Itemized deductions (from Schedule A) or your standard dedu				7,706.
 People who checked any box 	39 Subtract line 38 from line 36				15,896.
on line 37a or	40 If line 36 is \$103,000 or less, multiply \$3,000 by th				
37b or who can be claimed as a	on line 6d. If line 36 is over \$103,000, see the wor	ksheet in the ins	structions	40	3,000.
dependent, see	41 Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-			41	12,896.
instructions.	42 Tax (see instrs). Check if any tax is from a Form(s) 8814			· · · · · · · — — — — — — — — — — — —	1,631.
All others:	43 Alternative minimum tax (see instructions). Attach	_			1,051.
Single, \$4,700	44 Add lines 42 and 43				1,631.
	45 Foreign tax credit. Attach Form 1116 if required				1,001.
Head of household.	46 Credit for child and dependent care expenses. Attach Form 2441				
\$6,900	47 Credit for the elderly or the disabled. Attach Sche				
Married filing	48 Education credits. Attach Form 8863				
jointly or	49 Retirement savings contributions credit. Attach Fo				
Qualifying widow(er).	50 Child tax credit (see instructions)				
\$7,850	51 Adoption credit. Attach Form 8839		}		
Married filing	52 Credits from: a Form 8396 b Form 8859				
separately,	53 Other credits. Check applicable box(es): a F				
\$3,925	b Form c Specify	1			
	54 Add lines 45 through 53. These are your total credits			54]
	55 Subtract line 54 from line 44. If line 54 is more that	ın line 44, enter	-0	> 55	1,631.
	56 Self-employment tax. Attach Schedule SE			56	
Other	57 Social security and Medicare tax on tip income not reported to	employer. Attach Forn	m 4137	57	
Taxes	58 Tax on qualified plans, including IRAs, and other tax-favored ac		-		150.
	59 Advance earned income credit payments from For			 	<u> </u>
	60 Household employment taxes, Attach Schedule H				
	61 Add lines 55-60. This is your total tax				1,781.
Payments	62 Federal income tax withheld from Forms W-2 and			509.	
If you have a qualifying	63 2002 estimated tax payments and amount applied from 2001 ret 64 Earned income credit (EIC)				
child, attach	65 Excess social security and tier 1 RRTA tax withheld (see instruc			——	
Schedule EIC.	66 Additional child tax credit. Attach Form 8812				
	67 Amount paid with request for extension to file (see instructions		- 		
	68 Other pmts from: a Form 2439 b Form 4136 c				
	69 Add lines 62 through 68. These are your total payments			69	1,509.
Refund	70 If line 69 is more than line 61, subtract line 61 from line 69. Th				1
Direct deposit?	71a Amount of line 70 you want refunded to you			71a	
See instructions		c Type: C	hecking Sa	avings	
and fill in 71b, 71c, and 71d.	► d Account number	٠,٠ ١	, ,,		
ric, and riu.	72 Amount of line 70 you want applied to your 2003 estimated ta	x			
Amount	73 Amount you owe. Subtract line 69 from line 61. For details on		uctions	▶ 73	272.
You Owe	74 Estimated tax penalty (see instructions)		ı		
Third Party	Do you want to allow another person to discuss this reti	irn with the IRS			
Designee	(see instructions)?	Phone	📙 Ye	s. Complete	the following. X No
	name •	no. 🟲		numbe	r (PIN)
Sign	Under penalties of perjury, I declare that I have examined this return and belief, they are true, correct, and complete. Declaration of preparer (other	l accompanying sched ir than taxpayer) is ba	dules and statements, ar ased on all information o	nd to the best of f which preparer	my knowledge and has any knowledge.
Here			r occupation		ytime phone number
Joint return? See instructions.	>	TE	LEMARKETING		
Кеер а сору	Spouse's expandre, it a joint return, takin must sign.		suse's occupation		
for your records.	> .	1			
	0	Date	[Pro	parer's SSN or PTIN
Paid	Preparer's signature		Check if self-employ	ed 🔲	
Preparer's	Firm's name Self-Prepared				
Use Only	EIN				
_	self-employed). address, and ZIP code	Phone no.			

CONFIDENTIAL

SCHEDULE A:02-CVT00467-SSB-TSH (Form 1040)

Document 118-5

Filed 07/12/2007

Page 11 of 22 OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040. ► See Instructions for Schedule A (Form 1040).

Itemized Deductions

Name(s) shown on F	om 1	040	·····	Your so	cial security m	mber
MARY L HAI	RRI	S)
Medical		Caution. Do not include expenses reimbursed or paid by others.				
and Dental	1	Medical and dental expenses (see instructions)	1			
Expenses	2	Enter amount from Form 1040, line 36 2				
•	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1, If line 3 is more than line 1, enter -0-			4	
Taxes You	5	State and local income taxes	5	796.		
Paid	6	Real estate taxes (see instructions)	6	636.		
(See	7	Personal property taxes	7	73.0		
instructions.)	8	Other taxes. List type and amount >				
			8			
	9	Add lines 5 through 8			9	1,432.
Interest	10		10	3,774.		· · · · · · · · · · · · · · · · · · ·
You Paid	11					
		If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number,				
		and address >				
(See						
instructions.)						
Note. Personal			11			
interest is		Points not reported to you on Form 1098. See instrs for spcl rules	12			
not	13	Investment interest. Attach Form 4952 if required.				
_deductible.	1.4	(See instrs.)				
010	144	Add lines 10 through 13	PROPERTY OF THE PARTY OF THE PA		14	3,774.
Glfts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more,				
		see instructions	15	1,500.		
If you made	16	Other than by cash or check. If any gift of \$250 or				
a gift and got a benefit		more, see instructions. You must attach Form 8283 if				
for it, see		over \$500	16	1,000.		
instructions.		Carryover from prior year				
	18	Add lines 15 through 17			18	2,500.
Casualty and Theft Losses						
	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	Passasou		19	
Job Expenses and Most	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ				
Other						\sim
Miscellaneous Deductions		if required. (See instructions.)	-			=
- LLLLLCOOM 5				200		4
			20			
	21	Tax preparation fees	21			DENTIAL
(See	22	Other expenses - investment, safe deposit box, etc. List				땔
instructions for expenses		type and amount				4
to deduct			22			
here.)	23	Add lines 20 through 22	23			\triangleright
	24	Enter amount from Form 1040, line 36 24				
	25	Multiply line 24 by 2% (.02)	25			
rass care represent described by a constant	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter	erija Prijan		26	
Q'hoz	27	Other — from list in the instructions. List type and amount ▶				
ಚ <i>ಿಂದ</i> Laneous Dauctions						
35.0200013					27	
Total	28	Is Form 1040, line 36, over \$137,300 (over \$68,650 if MFS)?				···············
Itemized Deductions						
- · - · · · · · · · · · · · · · · · 		X No. Your deduction is not limited. Add the amounts in the fa	r right colu	20 } }		
		for lines 4 through 27. Also, enter this amount on Form	-	1 1	28	7,706.
		Yes. Your deduction may be limited. See instructions for the	amount to	eurerl		

3:02-cv_t00467-SSB-TSH Document 118-5 Filed 07/12/2007 Noncash Charitable Contributions

Form 82 - (Rev October 1998)

Department of the Treasury Internal Revenue Service

► Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► See separate instructions.

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OMB No. 1545-0908

55

Name(s) shown on your income tax return

MARY L HARRIS

Identifying number

9			ed Property — If you				on of \$5,000 or less. Also,	<u></u>				
		(a) Name and ad	dress of the									
	5000 ITL	donee organ	ization				of donated property					
	GOODWILL AÜ 10600 SPRIN				1980 CHE	VROLET IMPAL	A					
В												
С	tion of the state		**************************************		CONFIDENTIAL							
Đ												
E												
Note	e: If the amount vo	ou claimed as a dec	duction for an item is \$50	0 or les	ss. vou do not	have to complete o	olumns (d), (e), and (f)	···				
(4	C) Date of the contribution	(d) Date acquired by donor (mo, yr)	(e) How acquired by donor	(1)	conor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine market value	the fair				
	10/01/2002	11/1996	Inheritance		1,000.	1,000.	Present value	•				
B												
D		·		 								
E				1								
							listed in Part I. Complete I	ine 3 î	f 			
i	a Enter the letter f separate statem	rom Part I that ider ent.	less than the entire interestifies the property		. If Part i	Il applies to more the						
,	c Name and addre the donee organ	ess of each organization above):	ation to which any such c	ontribu	• •	ny prior tax years . e in a prior year (cor	mplete only if different from	 1				
	Name of charitable or	ganization (donee)										
	Address (number, str	set, and room or suite no	.)									
	City or town						State ZIP code					
	d For tangible property	, enter the place where t	ne property is located or kept >	·								
•	e Name of any per	rson, other than do	nee organization, having	actual	rossession of	the property *						
3	If conditions wer		ontribution listed in Fart I	l, answ	er questions a	- c and attach the	required statement	Yes	No			
	a is there a restric	tion, either tempora	ary or permanent, on the	donee'	s right to use	or dispose of the do	nated property?					
	zation in cooper including the rigi	ative fundraising) th	the donee organization of the right to the income from securities, to acquire the r right to acquire?	n the c propert	lonated proper ly by purchase	ty or to the possess	ion of the property, designate the person					
	c Is there a restric	tion limiting the dor	nated property for a partic	ular u	se?							
BA	A For Paperwork	Reduction Act Notic	ce, see separate instructi	ons.		FDIZ1812 07/24/02	Form 828	(Rev	10-9			

Control number Employer's ID na Employer's nam RDI MARKET	<u>S</u>				Social	Security Number
Employer's ID no Employer's name RDI MARKET	ouse	1	Wages, tips, o	i		eral income
Employer's ID no Employer's name RDI MARKET	003910	DEO	compensation 22	,090.73	ıax v	withheld 1,509.06
RDI MARKET			Social security		4 Soci	al security tax withheld
	e, address, and ZIP code		23	,010.43		1,426.64
Street 0020	ING SERVICES, INC	5	Medicare wage		6 Med	icare tax withheld
STRACT LILE !!!	CARVER BOAR			,010.43		333.67
	CARVER ROAD INNATI	7	Social security	/ tips	8 Allo	cated tips
City <u>CINC</u> State OH	ZIP Code 45242-	5520 9	Advance EIC p	navment	10 Dec	endent care benefits
	reign address (see Help		Advance Lie j	payment	in Deb	criderit care perients
		11	Nonqualified p	lans	Distr	ributions from sect. 457
eck box to trai	nsfer items d and e beio	w			and	nonqualified plans
	rmation Worksheet	····\			(lmp	oortant, see Help)
	al security number	12	Enter box 12 b	pelow		
	ne, address, and ZIP code	***	01.1.1			
First MARY Last HARR		M.I. — 13				x
	6 ELKWOOD DRIVE					<u> </u>
	INNATI					
State OH		5240 14	If you have en	itries in box 14,	click .	HERE then
Check box if fo	oreign address (see Help	2)	select Help be	fore making an	y entries	for box 14.
		P: Double click R: Enter MSA	contribution for	Taxpayer Spouse	··	
		G: Check if em	ployer is not a :	state or local g	overnmer	nt
Box 15			Во	x 16		Box 17
State	Employer's state	I.D. по.		s, tips, etc.		e income tax
1	51-5505832	· · · · · · · · · · · · · · · · · · ·	2:	2,090.73		566.21
ОН			·		 	
<u>OH</u>						
<u>OH</u>		Bo	x 18	Box	19	Associated
OH	Box 20	Local wages	, tips, etc.	Local income		State
	Box 20 Locality name	_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OH
	— — -	_	010.43	·	230.11	-{
	— — -	_	010.43		230,11	
	— — -	_	010.43			
	— — -	_	010.43		.30,11	
	— — -	_	010.43		230,11	
	ocality name	23,		description of T		
BLUE ASH	ocality name	23,				
BLUE ASH	ocality name	23,				

► Keep for your records

Name MARY L HARRIS		· · · · · · · · · · · · · · · · · · ·		Social Se	ecurity Numbe	:r	
Check if for spouse See below for addit	ional di:	stribution infor	nation		Correcte	d [
Payer's name, street address, city, state, and ZIP code. If payer's address is outside the U.S., check box	1	Gross distribution	٦		\$ 1,5	03.10	
THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)	2 a	Taxable amount	(see Help)		\$1,5	03.10	
P.O. BOX 640 BUFFALO NY 14201-0640		Taxable amount not determined.		Total distrib	oution		
Payer's Federal Recipient's identification number 01-0233346	i .	Capital gain (included in box 2a)			Federal income tax withheld 0.00		
Check to transfer Recipient's Information from Federal Information Worksheet		Employee contrit or insurance pre		6	Net unrealize appreciation employer's s	ın	
MARY L HARRIS	\$_	0.0	0	\$			
Street address (including apartment number) 11716 ELKWOOD DRIVE	7	Distribn Code(s) a 1 b	IRA/SEP SIMPLE	. -	Other	%	
City State ZIP code CINCINNATI OH 45240 If recipient's address is outside the U. S., check box		Your percentage of total distribution	%	9 b	Total employ contributions		
Account number (optional)		State tax withheld 0.00	11 Pa State / sta OH / 52-		12 State distribution \$	ution	
If distribution from IRA or ESA, check if from a: Traditional, SEP, or SIMPLE IRA Roth IRA Coverdell ESA (formerly Education IRA)		Local tax withheld	14 Nam local		1		
Qualified Retirement Plans, IRAs, ESAs, Annuity a	nd Mod	fified Endowm	ent Contr	acts (Se	e Help)		
IMPORTANT: Roth conversions are <i>not</i> or lines B and C of Additional Check box if the entire amount of this distriction of a partial rollover, enter amount that was in the conversions are not conversions.	Distribu bution v	ition Informatio vas rolled ove r	n page. '(except l	Roth con			
18 Check box if this is an early distribution su traditional IRA , annuity or modified endows						,	
Do not include distributions from Roth IRA of Check box if this is an early distribution suit no code J in box 7. (See Help)	bject to	the penalty fro	m a Roth	IRA, bu	t there is		
Check box if this is an early distribution sur years, but there is no code S in box 7. (See	bject to	the penalty fro	om a SIMF	PLE plan	in first two		
21 Check box if this is the withdrawal before to or Coverdell ESA, or a corrective distribution	x returr	due date of a	.contributi	on to a l	traditional, F		
aggregate contribution taxable in 2002, but Check box if there is a code P or R in box 7 If an IRA, was IRA inherited, or if an ESA,	there is 7 and th	no code 8 in in in in is is a year 20	oox 7. <i>(Se</i> 03 Form 1	e <i>e Help)</i> 1099-R.	(See Help)		

. Case 1:02-cv-00467-SSB-TSH Document 118-5 Filed 1T-1040 Ohio Income Tax Return 2002

Filed 07/12/2007 Page 15 of 22

	For the year Jan 1 - Dec 31, 2002 or other taxable year ending .	Social security nun	iber(s) must be e	entered below
P	Your First Name Initial Last Name	Your Social Security No	mber Filing Stat	tus check only one
FO	MARY L HARRIS		Single	or Head of Household
S H	If a Joint Return, Spouse's First Name Initial Last Name	Spouse's Social Securit	y No. Marrie	d filing joint return
E Ö				d filing separately,
E E	Home Address (number and street) Apt	No. Ohio County	enter s	pouse's SSN
Į Į	11716 ELKWOOD DRIVE	Hami		
γŘ	City, Town or Post Office State ZIP Code		al Biotrica	
O UR	CINCINNATI OH 45240	Ohio Public Scho Number (See inst		3105
ŘR	Ohio Residency Status (see instructions) Part-year resider	·		Yes No
C H	 		•	,
CHECK		02 Do you want \$1 to	•	
ĸ	Nonresident To	02 If joint return, does you		\
الما	ome	Note: Checking 'Yes' wi	il not increase your te	ax or decrease your refund.
1		Une de en 1040TELN		72 (02
2	,	•	i-	23,602.
3				23,602.
4				1,200.
5				22,402.
	cand Credits			22,402.
6	Tax on line 5 (see tax tables in the instructions)		6	553.
7				
8				553.
9	Exemption Credit: Number of personal and dependent exemptions	1 times \$20	9	20.
10	Ohio tax less Exemption Credit (Subtract line 9 from line 8. If line 9 is mo	re than line 8, enter zero.).	10	533.
11	Joint Filing Credit (see instructions and attach documentation) % times line to	0 (Limit \$650)		
12	The second state of the second			533.
13	Control of the contro			· · · · · · · · · · · · · · · · · · ·
14	The first the fi		14	533.
15				
	Unpaid Ohio use tax (please pase vor/sheet in the instructions)	his line is part of 16)	
16	Total Objector (add line 14 line 15 and line 16)			E22
17	Total Ohio tax (add line 14, line 15, and line 16)	y to this year.	17	533.
17 Pa	Total Ohio tax (add line 14, line 15, and line 16)yments		**	
17 Pay 18	Total Ohio tax (add line 14, line 15, and line 16)	ant Withheld ► 18	566.	Electronic Filing
17 Pay 18 19	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amou Ohio estimated tax, 1T-40P payments for 2002, and 2001 overpayment credited to 2002	ant Withheld ► 18	**	Electronic Filing can speed-up
17 Pay 18	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amou Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002 Refundable Business Jobs Refundable Pass-through Entity	int Withheld > 18 19 19 19 20a	**	Electronic Filing can speed-up your refund by
17 Pay 18 19 20	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amou Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002 Refundable Business Jobs Refundable Pass-through Entity Credit 20a Credit 20b	Total of 20a and 20b 20	566.	Electronic Filing can speed-up
17 Pay 18 19 20	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amount of the estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002 Refundable Business Jobs Refundable Pass-through Entity Credit 20a Credit 20b Add lines 18, 19, and 20	int Withheld > 18 19 19 19 20a	**	Electronic Filing can speed-up your refund by
17 Pay 18 19 20	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amou Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002 Refundable Business Jobs Refundable Pass-through Entity Credit 20a Credit 20b Add lines 18, 19, and 20 Tota fund or Amount You Owe	Total of 20a and 20b 20 all Payments 21	566.	Electronic Filing can speed-up your refund by
17 Pay 18 19 20	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amou Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002 Refundable Business Jobs Refundable Pass-through Entity Credit 20a Credit 20b Add lines 18, 19, and 20 Total fund or Amount You Owe If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to	Total of 20a and 20b 20 al Payments 21	566. 566.	Electronic Filing can speed-up your refund by
17 Pay 18 19 20 21 Re 22	Total Ohio tax (add line 14, line 15, and line 16) yments Ohio tax withheld (box 17 on your W-2) (attach W-2's to page 2 of this form) Amou Ohio estimated tax, IT-40P payments for 2002, and 2001 overpayment credited to 2002 Refundable Business Jobs Refundable Pass-through Entity Credit 20a Credit 20b Add lines 18, 19, and 20 Tota fund or Amount You Owe If line 21 is less than line 17, subtract line 21 from line 17. Attach payment made payable to Check here . If you have paid or will pay with a credit card (see instru	Total of 20a and 20b 20 al Payments 21 Treasurer of State of Ohio.	566. 566.	Electronic Filing can speed-up your refund by 6 weeks!
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ľ		edule A - Adjustments to Income (additions and deductions)	The second secon
I		tions — Add to the extent not included in federal adjusted gross income (line 1)	
	28	Add non-Ohio state or local government interest and dividends	
	29	Add pass-through entity addback	29 •
		Add income from an Electing Small Business Trust (ESBT – see instructions)	30 •
		Other, check if from:	
	a b	Federal interest and dividends subject to state taxation Reimbursement of college tuition expenses and fees deducted in any previous year(s) NEW	
	c	Losses from sale or disposition of Ohio Public Obligations	
ı	d	Non-medical withdrawals from an Ohio medical savings account	
	e	Reimbursements previously deducted but not included in federal adjusted gross income	
ı	f	Non-education expenditures from college savings account	
ĺ	g	Add back 5/6ths of the depreciation expense adjustment for IRC Sec 168(k) bonus depreciation	~
	~~	Total	
		Total additions (add lines 28, 29, 30, and 31)	32•
ı		uctions — See Limitations in instructions Deduct federal interest and dividends exempt from state taxation	33 •
		Deduct compensation earned in Ohio by full-year residents of neighboring states	
	35	Deduct state or municipal income tax overpayments (see instructions)	35 •
1		Deduct disability and survivorship benefits (does not include pension continuations)	36 •
1		Deduct qualifying social security benefits and some railroad benefits	
	38	Deduct contributions to a variable college savings account and/or purchases of tuition credits	
		Deduct tuition expenses paid to a qualified Ohio educational institution	
	41	Deduct funds deposited into and earnings of a medical savings account for eligible medical expenses (see worksheet)	
	42	Deduct losses from an Electing Small Business Trust (ESBT – see instructions)	
	43	Other. Check if:	
	a		A
	b	Interest income from OH Public Obligations and OH Purchase Obligations or gains from the sale or	CONFIDENTIAL
	c		
	d	Repayment of income reported in a prior year	
		Repayment of income reported in a prior year Amount contributed to an Individual Development Account	
	d e	Repayment of income reported in a prior year Amount contributed to an Individual Development Account	43•
	d e	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation Total Total deductions (add lines 33 through 43)	44 •
	d e f	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation Total Total deductions (add lines 33 through 43)	44 •
	d e f 44 45	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation Total Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount.	44 •
Ą	d e f 44 45 Sch	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation Total Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount	44•
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ATTACH	44 45 Sch	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation Total Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a negative amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount Total deductions (add lines 33 through 43)	45 • 46 • 47 • 48 •
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W2 & 1099R FORMS	d 44 45 Sch 46 47 48 49 50 51 52 53 54 Sch 55 56 57	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct 1/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation NEW Total Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount. nedule B — Credits Retirement Income Credit (see instructions for credit table) (Limit — \$200) Senior Citizen Credit (Limit — \$50 per return) Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) Child and Dependent Care Credit (see instructions and worksheet) Lump Sum Retirement Credit Lob Training Credit (see instructions and worksheet) (Limit — \$500 single; \$1,000 joint, if both spouses qualify) Ohio Political Contributions Credit Ohio Adoption Credit (Limit — \$500 per adoption) Total credits (add lines 46 through 53) — enter here and on line 7 nedule C — Ohio Resident Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident Enter the 2002 income ta (1000 per part of the part of the position of Columbia and carry-forwards from (1000 per part of the part of the position of Columbia enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13	44 • 45 • 46 • 47 • 48 • 49 • 50 • 51 • 52 • 53 • 54 •
W2 & 1099R FORMS	d 44 45 Sch 46 47 48 49 50 51 52 53 54 Sch 55 56 57 58	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct I/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation NEW Total Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount. Tecture B — Credits Retirement Income Credit (see instructions for credit table) (Limit — \$200) Senior Citizen Credit (Limit — \$50 per return) Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) Child and Dependent Care Credit (see instructions and worksheet) Lump Sum Retirement Credit Ibb Training Credit (see instructions and worksheet) (Limit — \$500 single; \$1,000 joint, if both spouses qualify) Ohio Political Contributions Credit Ohio Adoption Credit (Limit — \$500 per adoption) Total credits (add lines 46 through 53) — enter here and on line 7 medule C — Ohio Resident Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident Enter Ohio adjusted gross income (line 3) Divide line 55 by line 56 \$15 Multiply by the amount on line 12 Enter the 2002 income ta (1994 it is a withholding and estimated tax payments and carry-forwards from greened a credits offer states or the District of Columbia	44 • 45 • 46 • 47 • 48 • 49 • 50 • 51 • 52 • 53 • 54 •
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W2 & 1099R FORMS	dd e f 44 45 Sch 46 47 48 49 50 51 52 53 54 Sch 55 56 57 58 59 Sch	Repayment of income reported in a prior year Amount contributed to an Individual Development Account Deduct I/5th of the depreciation expense adjustment for IRC Section 168(k) bonus depreciation NEW Total Total deductions (add lines 33 through 43) Net adjustments — If line 32 is greater than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is less than line 44, enter the difference here and on line 2 as a negative amount. The dule B — Credits Retirement Income Credit (see instructions for credit table) (Limit — \$200) Senior Citizen Credit (Limit — \$50 per return) Lump Sum Distribution Credit (you must be 65 years of age or older to claim this credit) Child and Dependent Care Credit (see instructions and worksheet) Lump Sum Retirement Credit Job Training Credit (see instructions and worksheet) (Limit — \$500 single; \$1,000 joint, if both spouses qualify) Ohio Political Contributions Credit Ohio Adoption Credit (Limit — \$500 per adoption) Total credits (add lines 46 through 53) — enter here and on line 7 The dule C — Ohio Resident Enter the portion of line 3 subjected to tax by other states or the District of Columbia while an Ohio resident Enter the 2002 income ta (Line 3) Divide line 55 by line 56 Enter the 2002 income ta (Line 3) Divide line 55 by line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 List the state(s) other than Ohio with which you filed 2002 income tax returns	44 • 45 • 46 • 47 • 48 • 49 • 50 • 51 • 52 • 53 • 54 • 55 • 56 57 58 • 59

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Form 1040		.S. Individual Inc		eturn 20	00:	3 (99) IRS US	e Onkv i	Do not	write or staple in this	s soace
		year Jan 1 - Dec 31, 2003, or o			003, en				OMB No. 1545-00	
Label		rst name		l name				Your:	social security numb	
(See instructions.)	MARY	<u> </u>	L HA	ARRIS						
Use the	If a join	nt return, spouse's first name		name	• •			Spour	se's social security (number
iRS label.										
Otherwise, please print	Home a	address (number and street). If yo	u have a P.O. box, see i	instructions.		Apartmen	no.	A	Important	! A
or type.		MONTGOMERY ROA							must enter you	ur social
	City, to	wn or post office. If you have a fo	reign address, see instru	actions.		State ZIP code		sec	urity number(s)	above.
Presidential Election	CINC	INNATI				OH 45212				
Campaign	Note: Checking 'Yes' will not change your tax or reduce your refund.								Spous	e
(See instructions.)	Do	you, or your spouse if fil	ing a joint return, v	want \$3 to go t	o this	fund?				No
Filing Status	1	Single		4		Head of household (v	vith qual	ifying	person). (See	
-		2 Married filing jointly (even if only one had income) instructions.) If the qualifying but not your dependent, enter								
Check only	3	X Married filing separately.	•		_	name here				
one box.		name here ► FREI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · · 		Qualifying widow(er) with		child.	(See instructions.)	
Exemptions	6	a X Yourself, If your pa	rent (or someone e	else) can claim	you	as a dependent on his	Ot.		No. of boxes checked on	_
									6a and 6b	1
	,	b Spouse				(2) Dependently	(4)	<u>-</u> `	No. of - children	
	(c Dependents:		(2) Depende social secu		(3) Dependent's relationship	quali	fying	on 6c who:	
		(1) First name	l out nome	number	· -	to you	child fo	redit	with you	
		(i) rustname	Last name	 			(see	nstrs)	. • did not live with you	
				-		 	╌┼╌╌┝	╬—	due to divorce or separation	
If more than				 			╌┼	<u>.</u>	(see instrs)	
five dependents,		·	· · · · · · · · · · · · · · · · · · ·	 				_	Dependents on 6c not	
see instructions.			· · · · · · · · · · · · · · · · · · ·	 				<u> </u>	entered above	
		17.11				<u> </u>			Add numbers	
		d Total number of exempt								
Income		Wages, salaries, tips, e a Taxable interest. Attach							22	,108.
	0.	b Tax-exempt interest. De	not include on lin	uireu La Ra	· · · · ·	l ahl		8 a		
Attach Forms	9	a Ordinary dividends. Atta	ch Schedule B if re	eauired		00		9a		
W-2 and W-2G here. Also attach	1	h Qualid divs				96				
Form(s) 1099-R i	10	_ <u></u>				ctions)		10		33.
tax was withheld								11		
	12						• • • • • • • •	12	ļ	
If you did not		a Capital gain or (loss). Att Sch In It box on 13a is checked, enter	O it read. It not read, a	ok here			ļ	13a		
get a W-2, see instructions.	14	b If box on 13a is checked, enter post-May 5 capital gain distributions. Other gains or (losses).	Attach Form 4797		• • • • •	130		14		
		■ IRA distributions		· · · · · · · · · · · · · · · · · · ·		axable amount (see in	strs)	15 b		
		a Pensions and annuities			i .	axable amount (see in		16 b		881.
	17	Rental real estate, roya	lties, partnerships,	S corporations	s, trus	sts, etc. Attach Schedu	le E	17		
Enclose, but do	18						,	18		
not attach, any payment. Also,	19		1 1		1		1	19		
please use Form 1040-V.		a Social security benefits	20 a		b 1	axable amount (see in	strs)	20 b		
1 01111 10-10-1.	21 22	Other income Add the amounts in the	far right column to	r lines 7 throug	 h 21	This is your total inco		21	23	,022.
	23					, , , , , , , , , , , , , , , , , , , 	me.			
Achisted	34		•						ı •	C
Carres Carres	2	Student loan interest de	•				· · · · · · · · · · · · · · · · · · ·			\mathbf{O}
lacesie	26		•						ł	CONFIDENTI
	27	• ,							ļ	
	28								Í	
	29									
	30 31			•					Į	\boldsymbol{Z}
		Penalty on early withdra a Alimony paid b Recipient's S	_	,		32a				
	33				··			33		
		Subtract line 33 from lin					▶	34	23	(22.

Case 1	:02-cv-00467-SSB-TSH D	ocument 118	3-5 Filed	d 07/12/200)7 <u>F</u>	Page 18 of 2	2 Page :
Tax and	35 Amount from line 34 (adjusted gro	ss income)				35	23,022.
Credits	36a Check You were born before			· Total boxes		657	
	if: Spouse was born be	efore January 2, 19	39, 🔲 Blind	. checked 🏲 🤅	36 a		
Standard Deduction	b If you are married filing separately	and your spouse	itemizes deduct	ions,			
for	or you were a dual-status alien, se						* 750
 People who checked any box 	37 Itemized deductions (from Schedule A) or 38 Subtract line 37 from line 35					37	4,750.
on line 36a or	39 If line 35 is \$104,625 or less, mult					38	18,272.
be claimed as a	I on line 6d. If line 35 is over \$104.	525, see the works	heet in the inst	uctions ciai	med	39	3,050.
dependent, see	40 Taxable income. Subtract line 39 from line	38.				40	
instructions.	If line 39 is more than line 38, enter -0- 41 Tax (see instrs). Check if any tax is from a						15,222.
• All others:			_				1,934.
Single or Married filing separately.						42	P 934.
\$4,750						43	934.
Married filing							ONFIDENTIAL
jointly or	The same and applicable acro corporio				<u></u>		=
Qualifying widow(er),	46 Credit for the elderly or the disable			-	[<u> </u>
\$9,500	47 Education credits. Attach Form 88						
Head of	48 Retirement savings contributions of				4.		
household,	49 Child tax credit (see instructions)						
\$7,000	50 Adoption credit. Attach Form 8839 51 Credits from: a Form 8396 b						
	52 Other credits. Check applicable bo				—— <u> </u>		P
	b Form c Specify	A(63). # [] TUIII	52		į		
	53 Add lines 44 through 52. These ar	e vour total credits		<u> </u>	f	53	Δ
	54 Subtract line 53 from line 43. If Jin	-				54	1,930.
	55 Self-employment tax. Attach Schedule SE					55	1,350.
Other	56 Social security and Medicare tax on tip inco	me not reported to em	oloyer. Attach Form	4137		56	
Taxes	57 Tax on qualified plans, including IRAs, and						88.
	58 Advance earned income credit pay					58	
	59 Household employment taxes. Atta					59	
	60 Add lines 54-59. This is your total tax					60	2,018.
Payments	61 Federal income tax withheld from			1,	355.		
If you have a	62 2003 estimated tax payments and amount a						
qualifying child, attach	63 Earned income credit (EIC)						
Schedule EIC.	65 Additional child tax credit. Attach I			<u> </u>			
	66 Amount paid with request for extension to I		*****				
	67 Other pmts from: a Form 2439 b	Form 4136 c	Form 9995 67				
	68 Add lines 61 through 67. These are your to					68	1,355.
Refund	69 If line 68 is more than line 60, subtract line					69	. درد. د
	70 a Amount of line 69 you want refund			verpata		70 a	
Direct deposit? See instructions	▶ b Routing number	 ,	Type: Che	ecking S	avings		
and fill in 70b,	► d Account number		1,7,000		2411123 E		
70c, and 70d.	71 Amount of line 69 you want applied to you	r 2004 estimated tax	> 71	l			
Amount	72 Amount you owe. Subtract line 68 from lin			tions	▶	72	663.
You Owe	73 Estimated tax penalty (see instruc						
Third Party	Do you want to allow another person to	discuss this return					
Designee	(see instructions)?			[] Ye		lete the following.	. X No
3	Designee's name		Phone no.		ית ק	ersonal identification umber (PIN)	-
Sign	Under penalties of perjury, I declare that I have example in they are true, correct, and complete. Declared	nined this return and acc	ompanying schedule	s and statements, and	to the bes	t of my knowledge and	
Here	Your signature	Date	_	con all information of ecupation	winch prep	Daytime phone numb	
Joint return?	•	j	1_ 1	· .		Dayone prone mano	e.
See instructions.	Spouse's signature, if a joint return, both must say	n. Date		EMARKETING e's occupation			
Keep a copy for your records.	> a symmetry in a joint remain, worst tribust big	Jake	эрив				
	·		Date	· · · · · · · · · · · · · · · · · · ·		Preparer's SSN or PT	ΠN
Daile	Preparer's signature			Check if self-employ	ed	Topular 2 dois (ii F)	
Paid Preparer's	Firm's name Self-Prepared			Control is Self-Gridingly	<u>~~ </u>	1	
Use Only	(or yours if self-employed)				EIN		
	address, and ZIP code	• • • • • • • • • • • • • • • • • • • •			Phone no		

Case 1:02-cv-00467-SSB-TSH Document 118-5 **Credit for Qualified Retirement Savings Contributions**

Filed 07/12/2007

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Department of the Treasury Internal Revenue Service

► Attach to Form 1040 or Form 1040A.

► See Instructions.

Your social security number MARY L HARRIS

CAUTION: You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 35, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1986, (b) is claimed as a dependent on someone else's 2003 tax return, or (c) was a student (see instructions).

Traditional and Roth I rollover contributions Elective deferrals to a employee contribution (see instructions) Add lines 1 and 2 Certain distributions rextensions) of your 20 include both spouses an exception Subtract line 4 from line each column, enter	a 401(k) or other one, and 501(c)(18 ceceived after 200003 tax return (see amounts in both	qualified employer pi (D) plan contribution 00 and before the du se instructions). If ma in columns, See instru	ian, voluntary ns for 2003	2 3	921 . 921 .	
Add lines 1 and 2 Certain distributions rextensions) of your 20 include both spouses an exception	eceived after 200 003 tax return (se december of arrivation after the december of the december	00 and before the du be instructions). If ma in columns, See instru	e date (including			
Add lines 1 and 2 Certain distributions rextensions) of your 20 include both spouses an exception	eceived after 200 003 tax return (se ' amounts in bott	00 and before the due instructions). If man columns, See instructions	e date (including	3		
extensions) of your 20 include both spouses an exception	003 tax return (se ' amounts in bott	e instructions). If ma n columns. See instri	e date (including arried filing jointly,		6.57	
	ine 3. If zero or le		uctions for	4	881.	
		ess. enter -0		5	40.	
•		•			40.	
Add the amounts on I						565
Enter the amount from	m Form 1040, line	e 35*, or Form 1040 <i>l</i>	A, line 22	8	23,022.	60
Enter the applicable of the state of the sta		hown below:	And your filing st	atus is		CONFIDENTIAL
Over-	But not over	Married filing jointly	Head of household	separa	arried filing dely, or widow(er)	
		Enter on				
	\$15,000	.5	.5		5	
\$15,000	\$16,250	.5	.5		2	
\$16,250	\$22,500	.5	.5		1 9	X 0.10
\$22,500	\$24,375	.5	.2	-	1	
\$24,375	\$25,000	.5	.1		1	
\$25,000	\$30,000	.5	.1		0	
\$30,000	\$32,500	.2	.1		0	
\$32,500	\$37,500	,1	.1		0	
\$37,500	\$50,000	.1	.0		0	
\$50,000		.0			<u>o</u>	
	Note: If line	9 is zero, stop; you	cannot take this cre	dit.		
	_					
Multiply line 7 by line					52740)
Enter the amount from				11	1,934.	
Enter the total of your Form 1040A, lines 29	r credits from For through 31	m 1040, lines 44 thr	ough 47, or	12.	1	
Subtract line 12 from						1,93
Credit for qualified re						

*See Publication 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8880 (2003)

		► Keep for y	our records	·						
Name MARY L HARR	IS				Social Se	ecurity Number				
Check if for s	spouse		Wages, tips, ot compensation	her		al income				
a Control number	r 003910	[[· ·	107.69	107 17	1,354.62				
b Employer's ID			Social security		4 Socia	security tax withhel				
· · · · · ·	TING SERVICES, IN	<u>c.</u> 5	Medicare wage		6 Medic	are tax withheld 333.92				
	O CARVER ROAD CINNATI	7	Social security	tips	8 Alloca	ated tips				
State 0H	ZIP Code 45242- foreign address (see Hel		Advance EIC p	ayment	10 Depe	ndent care benefits				
	ansfer items d and e bel	11	Nonqualified pl	ans		butions from sect. 45 conqualified plans				
d Employee's so	formation Worksheet		Enter box 12 b	elow		ortant, see Help)				
First MAR Last HAR Street 557			Retirement pla	n		X				
State 0H			If you have ent select Help bet		_					
Box 12	Box 12	If Box 12 code is	S:							
Code	Amount		er amount attributable to RRTA Tier 2 tax							
D	921.16	M: Enter amoun								
		P: Double click								
		R: Enter MSA c		Spouse						
		G: Check if emp								
Box 15			Box	16	2	lox 17				
State 0H	Employer's state 51-5505832	I.D. no.	State wage		State	income tax 574.06				
	Box 20	Во	x 18	Вох	19	Associated				
BLUE ASH	Locality name	Local wages		Local incom		State <u>0H</u>				

Box 14	Description	Amount	Туре	TurboTax description of Type
			—	
			_	

17-1040 1:02-cv-00467 SSB-TSH Tax Return 118-5 2003 07/12/2007 Page 21 of 22

	For the year Jan 1 - Dec 31, 2003 or other taxable year	r ending ,		Social Secur	ità umineta	must be e	intered below			
	Your first name Initial	Last name		Your social se	curity number	Filling Stat	us - check only one			
E O	MARY L	HARRIS	į,			Signle	or Head of Household			
Š.	If a joint return, spouse's first name Initial	Last name		Spouse's sock	al security no	-				
E 6	i a joint return, spouse's first name initial	Cast name		Spouse's sook	,		d filing joint return			
C N	Home address (number and street) X Married filing separate enter spouse's SSN Apt No. Onio County enter spouse's SSN									
ΙÝ	Home address (number and street)		Ohio County		enter spouse's SSN					
P	EEZE MONTCOMERY ROAD			Hami	i					
γR	5576 MONTGOMERY ROAD			Maill 1		at Face 1877				
υE	City, town or post office St	ate ZIP code			c School Dist	rict 🛌	310/			
ŘŘ	CINCINNATI O	H 45212	1	Number (S	ee instruction	15.)	3105			
e H	Ohio Residency Status (see Instruction	s) Part-Year	r Resident	Ohio Politic	al Party Fund		Yes No			
E H	il — ·	03	Do you want \$1 to go to this fund? X							
E R	Vicesident		If joint return, does your spouse want \$1 to go to this fund?							
K	Nonresident	to _	03	· ·						
	state of reside	Note: Checking	'Yes' will not in	crease your t	ax or decrease your refund.					
INC	COME						·			
1	Federal Adjusted Gross Income (from Federal For	m 1040, line 34; or 1040A, line 21;	or 1040EZ, line 4; or	1040TEL)	.	1	23,022.			
2							-33.			
	3 Ohio Adjusted Gross Income (line 2 sul						22,989.			
4							1,250.			
							21,739.			
_	5 Ohio Taxable Income (subtract line 4 fr	om line 3)				3	21,133.			
TA	XX AND CREDITS					_				
6							523.			
7	7 Credits from Schedule B (line 54 on pa									
8	8 Ohio Tax less Schedule B Credits (Sub	tract line 7 from line 6. If fit	ne 7 is more that	n line 6, ente	r zero.)	8	523.			
9	9 Exemption Credit: Number of personal						20.			
10	Ohio Tax less Exemption Credit (Subtra	act line 9 from line 8. If line	9 is more than	line 8, enter	zero.)	10	503.			
11										
12							503.			
13										
i : -							503.			
14					· · · · · · · · · · · · · · · · · · ·	174				
		av: Uneck 1 Fit Form 13-221015	anacneo			1				
15	5 Interest Penalty on Underpayment of Estimated T	The amount you	chow on this line is n	artof 4e						
16	6 Unpaid Ohio Use Tax (please see workshire) is the	instructions). The amount you your total income	show on this line is por tax liability for this y	art of 16 ear.			502			
16	 Unpaid Ohio Use Tax (please see workship) in the Total Ohio Tax (add line 14, line 15, ar 	instructions). The amount you your total income	show on this line is por tax liability for this y	art of 16 ear.		17	503.			
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CONFIDENTIAL DIPISION

Case 1:02-cv-00467-SSB-TSH Document 118-5 Filed 07/12/2007 Page 22 of 22 Schedule A – Adjustments to Income (Additions and Deductions) Additions - Add to the extent not included in federal adjusted gross income (Line 1) Other, Check all that apply: Federal interest and dividends subject to state taxation а Reimbursement of college tuition expenses and fees deducted in any previous year(s) b Losses from sale or disposition of Ohio Public Obligations C Non-medical withdrawals from an Ohio Medical Savings Account d Reimbursements of expenses previously deducted for Ohio income tax purposes but only if the reimbursement is not in FAGI Non-education expenditures from College Savings Account NEW Add back the depreciation adjustment for IRC sections 168(k) and 179 **Deductions -- See Limitations in Instructions** 34 Deduct compensation earned in Ohio by full-year residents of neighboring states and certain income earned by military nonresidents Check box if you are a military nonresident 34. 33 43 Other. Check all that apply: Wage and salary expense not deducted due to the federal targeted jobs or the work opportunity tax credits CONFIDENTIAL Interest income from Ohio Public Obligations and Ohio Purchase Obligations and gains from the sale or disposition of Ohio Public Obligations Refund or reimbursements shown on line 21 of federal 1040 of itemized deductions claimed on a prior year federat income tax return Repayment of income reported in a prior year Amount contributed to an Individual Development Account **NEW** Depreciation expense adjustment for IRC sections 168(k) and 179 Total of a through f 43 . 33 Net adjustments — If line 32 is GREATER than line 44, enter the difference here and on line 2 as a positive amount. If line 32 is -33. LESS than line 44, enter the difference here and on line 2 as a negative amount Schedule B - Credits À 47 48 Job Training Credit (see instructions and worksheet) (Limit - \$500 single; \$1,000 joint, if both spouses quality) 51. 53 Ohio Adoption Credit (Limit – \$500 per adoption) 53 • Schedule C - Ohio Resident Enter the portion of line 3 subjected to tax in other matter or the District of Columbia while an Ohio resident Divide line 55 by line 56 Enter the 2003 income tax less all related credits other than withholding and estimated tax payments Enter the smaller of line 57 or line 58. This is your Ohio Resident Tax Credit. Enter here and on line 13 59 List the state(s) other than Ohio with which you filed 2003 Income Tax Returns OHIA0512 01/15/04

% Multiply by the amount on line 12. Enter here and on line 13 62

Schedule D - Nonresident/Part-Year Resident

62 Divide line 60 by line 61